

REPORT OF RECEIPTS AND EXPENDITURES

OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

JAN 18 AMM: (CFA-4)

Summary Sheet

1.5	FILE NUMBER
HILT	CHILIBATY COURTS
	TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? TYPES NO			0
COMMIT	TEE INFORMATION		4
1. Full Name of Committee (as on Statement of Organization) Joe L. Bilby For Adams To	Check if this is a new name	d	
2. Acronym or Albreviated Name (Fany)	<i>J</i> 3. Coi	mmittee Telephone I	
4. Mailing Address (address where all gampaign finance correspondence 30, 95, 60, 20, 57, 57, 57, 60, 60, 60, 60, 60, 60, 60, 60, 60, 60		his is a new address	
5. City, State, ZIP Gode Sheridan	-	rty Affiliation (If applied PUDICA	
	ON (For Candidate's Commit		
7. Full Name of Candidate (include any nickname)	8. Par	rty Affiliation or If Ind	ependent Candidate
Joe L. Kilby	Te	20 uhlicai	٦
9. Office Sought (Include district number, if any. Not required for explo	oratory committee.) 10. C	ounty of Residence	
Holams lownship hoard		Ham, Han	<u> </u>
TYPE OF REPORT		CON	VENTION CANDIDATES ONLY
11. Check one:		1 —	k one:
Pre-Primary Pre-Election Annual Nomination Other			Pre-Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer	(within 10 days emend Statement of Organizat	tion)	Post-Convention
12. Reporting Period: From: Oct. 16 2010 Through: De	CC. 31,2010	COLUMN A This Period	
13. Cash on hand and investments at the beginning of this reporting pe	•	0	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPT			
(Note: these amounts include in-kind contributions and loans, as well a	s cash contributions.)		
15a. Itemized (use Schedule A)		-	<i>D</i>
15b. Uniternized	00070741	-9	-
15c. Add lines 15a and 15b in both columns	SUBTOTAL	100	-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column	B TOTAL	-0	
(Note: These amounts include in-kind expenditures and loan repaymen	ata l		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	(3.)		
17b. Unitemized		12	10
17c. Add lines 17a and 17b in both columns	SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (subtract 17c		<u> </u>	- 4-
19. Debts OWED BY the committee (use Schedule D)	TO TAL	- Di	
20. Debts OWED TO the committee (use Schedule E)		1	
CERTIFICATION			FOR OFFICE USE ONLY
S BEST OF MY KN	OWLEDGE AND BELIEF IT IS TRUE. CO	DRRECT AND COMPLET	
		1-18-201	7.1 <u>= </u>
S		Date /// 1 a 1/	
		1-1820/	
W pied for sale or us	ed for any commercial purpose. (IC 3-9- ails to file a complete or accurate repor	4-5) A person who knowld	igly
[-14] and may be	subject to civil penalties (IC 3-9-4-16 IC	3-9-4-17. IC 3-9-4-18)	



From: Adams Twps. Trustee

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200. if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page _	2	_ of _ / O			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
NONE	Contributions: Direct In-Kind (gloschipe) Other Receipts: Interest // Joan Misc. Appoint	2	0	W/A N/A
Contributor's Occupation (if required)				1 1 / 1
2.	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)		<u> </u>]]
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)			i	
4.	Contributions: Direct In-Kind (describe) Other Receipts:			
\	interest Loan	1		1
Contributor's Occupation (# required)	Misc (specify)			
5.	Contributions Direct In-Kind (describe)			
	Other Receipts. Interest Loan Misc. (specify)		ŀ	
Contributor's Occupation (if required)		1 1		•
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	5 0		

To:7768218



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200) if results not receiptified. \$200 if regular party committee).

	FILE NUMBER						
Page	3	of _	10				

	w			Pagec	1
CONTRIBUTOR'S FULL F FULL MAILING ADD (street, number, city, state	RESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
NONE		Contributions: Direct In-King (gercriff) Other Receipts: Interest // Joan Mise (spice)	0	0	N/A N/A
2		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe) Other Receipts Interest Loan Misc. (speuly)			
4.		Contributions: Direct In-Kind (describe) Other Receipts Interest Loan Misc (specify)			
5.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specifs)			
TOTAL OF ALL		THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY	5 - 0		
TOTAL OF ALL	(Enter total on ITE	M 15a of the Summary Sheet)	50		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) **CONTRIBUTIONS BY** LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
		_		
Page _	4 of 10			

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	NONE	Contributions: Direct In-iting (describe) Other Receipts: Interest Loan Misc specifif	0	0	N/A
2.		Contributions Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (spicify)			
3.		Contributions: Direct In-Kind (describe) Other Receipts Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify)			
	TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY	s O		
L	(Enter total on ITE	M 15a of the Summary Sheet)	1.		



REPORT OF RECEIPTS AND EXPENDITURES

OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
		Ī			
Page _	5 of 10	_			

MOST DE REMIZEU ON MIS SCHOOLIE (OVER \$200 II regular party communice).			- OI	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
NONE	Contributions: Direct In-Kind flee grites Other Receipts: Interest Logs Misch (specify)	0	0	N/A
2	Contributions: Direct (
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts Interest Loan Misc (specify)			
5.	Contributions: Direct In-Kind (describe) Other Recoipts: Interest Loan Misc. (specty)			
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	5 0		

To:7768218



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) **CONTRIBUTIONS BY** OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print tegibly IN BLACK INK all information on this schedule For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income). OVER \$100 per contributor, within a calendar year. MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page _	lo	of 10			

party committee).			Tage	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
NONE	Contributions: Direct In-Kind (describe) Other Recylipts: Interesty Loan Misk (specify)	0	0	N/A N/A
2.	Contributions: Direct In-Kind (cescribe) Other Receipts Interest Coan Misc. (specty)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specift)			
4.	Contributions: Direct In-Kind (describe) Other Receipts. Interest Loan Misc. (specify)			
5.	Contributions Direct In-Kind (describe) Other Receipts Interest Loan Misc (specify			
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)			



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page	1	of 11)		

			P	age of	10_
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
NONE	NA	Direct In/Kips Payriant of Detak Returner/Controution Other Purpose:	-0	0	N/A
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct I In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Peyment a Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of bebt Returned Contribution Other Purpose:			
		GE OF SCHEDULE B	s -O-	L	
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of		\$ 0		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in	
completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of	Fil
amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.	

FILE NUMBER				
Page	8	of		
	<u> </u>			

	PUBLIC QUESTIO	N INFORMATION		11		
Enter Text of Public Question	PUBLIC QUESTIC	N INFORMATION				
NONE						
Type of Question: Statewide Doppo	Local					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE	
Code	NA	Direct lgrKghd Payment of Desk Payment of Desk Payment of Desk Payment of Desk Purpose:	0	0	NA	
Code		Direct In-Kind Payment o Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		☐ Direct ☐ IrKind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose				
TOTAL OF ALL PA	SUBTOTAL THIS PA GES OF SCHEDULE C ON TH (Enter total on ITEM 17a o		60			

From: Adams Twps. Trustee



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4605 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	9	of 10		

			Page_	<u> 9</u> of <u>/</u>	0
CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
NONE	NONE	N/A	N/A -	0.	0
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
LENDER & OCCUPATION					
LENDER S OCCUPATION	TOTAL OF ALI	PAGES OF SCHEDUL	E D ON THE LA	F SCHEDULE D ST PAGE ONLY (ummary Sheet)	10



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER
······································
Page 10 of 10

			Page	of	
BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
NONE	NONE	N/A	N/A	0	0
			,		
		SUBTOTA	AL THIS PAGE O	F SCHEDULE E	5
1	TOTAL OF	ALL PAGES OF SCHEDUL (Enter total on	EEONTHELAS		\$ 6